

10/521524

## APPLICATION DATA SHEET

## APPLICATION INFORMATION

Application number::	
Filing Date::	
Application Type::	371 National Entry
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	No
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	COMPOSITION FOR CYTOCOMPATIBLE, INJECTABLE, SELF- GELLING CHITOSAN SOLUTIONS FOR ENCAPSULATING AND DELIVERING LIVE CELLS OR BIOLOGICALLY ACTIVE FACTORS
Attorney Docket Number::	701826-056360
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	0
Total Drawing Sheets::	18

Small Entity?::	Yes
Latin name::	
Variety denomination name::	
Petition included?::	No
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent App.?::	

#### APPLICANT INFORMATION

Applicant Authority Type::	Inventor
Primary Citizenship	
Country::	CA
Status::	Full capacity
Given Name::	Caroline
Middle Name::	
Family Name::	HOEMANN
Name Suffix::	
City of Residence::	Montreal
State or Province of Residence::	Quebec
Country of Residence::	CA
Street of mailing address::	4329 King Edward
City of mailing address::	Montreal
State or Province of mailing address::	Quebec
Country of mailing address::	CA

Postal or Zip Code of mailing address::	H4B 2H4
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Applicant Authority Type::	Inventor
Primary Citizenship	
Country::	CA
Status::	Full capacity
Given Name::	Abdellatif
Middle Name::	
Family Name::	CHENITE
Name Suffix::	
City of Residence::	Kirkland
State or Province of Residence::	Quebec
Country of Residence::	CA
Street of mailing address::	28 Bethune
City of mailing address::	Kirkland
State or Province of mailing address::	Quebec
Country of mailing address::	CA
Postal or Zip Code of mailing address::	H9H 4H6

Applicant Authority Type::	Inventor
Primary Citizenship	

Country::	CA
Status::	Full capacity
Given Name::	Michael
Middle Name::	
Family Name::	BUSCHMANN
Name Suffix::	
City of Residence::	Montreal
State or Province of Residence::	Quebec
Country of Residence::	CA
Street of mailing address::	4329 King Edward
City of mailing address::	Montreal
State or Province of mailing address::	Quebec
Country of mailing address::	CA
Postal or Zip Code of mailing address::	H4B 2H4

Applicant Authority Type::	Inventor
Primary Citizenship	
Country::	CA
Status::	Full capacity
Given Name::	Alessio
Middle Name::	
Family Name::	SERREQI
Name Suffix::	

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City of Residence::	Montreal
State or Province of Residence::	Quebec
Country of Residence::	CA
Street of mailing address::	840 Dollard
City of mailing address::	Montreal
State or Province of mailing address::	Quebec
Country of mailing address::	CA
Postal or Zip Code of mailing address::	H2V 3G7

Applicant Authority Type::	Inventor
Primary Citizenship	
Country::	CA
Status::	Full capacity
Given Name::	Jun
Middle Name::	
Family Name::	SUN
Name Suffix::	
City of Residence::	Montreal
State or Province of Residence::	Quebec
Country of Residence::	CA
Street of mailing address::	5-4219 Beaubien Street East
City of mailing address::	Montreal

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State or Province of mailing address::	Quebec
Country of mailing address::	CA
Postal or Zip Code of mailing address::	H1T 1S5

#### CORRESPONDENCE INFORMATION

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#### REPRESENTATIVE INFORMATION

Representative Customer Number::	
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OR

Representative Designation::	Registration Number::	Representative Name::
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Attorney of Record	34,235	David S. Resnick
Agent	47,150	Nicole L.M. Valtz
Agent	(37 CFR Sec. 10.9(b))	Leena H. Karttunen
Attorney	30,727	Michael L. Goldman

**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/CA2003/001069	07/16/2003
PCT/CA2003/001069	An application claiming the benefit under 35 USC 119(e)	60/395,991	07/16/2002

**FOREIGN PRIORITY INFORMATION**

Country::	Application number::	Filing Date::	Priority Claimed::

**ASSIGNEE INFORMATION**

Assignee name::	
Street of mailing address::	
City of mailing address::	
State or Province of mailing address::	
Country of mailing address::	
Postal or Zip Code of mailing address::	

Date: 1/18/05

Respectfully submitted,



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